

# West Green Surgery Travel Questionnaire

*Patient's details*

*Please complete ALL areas in CAPITAL LETTERS and tick the boxes as appropriate*

Surname	DOB	M	F
First Names	Mobile		
Date of departure	Date of return		

Country visiting	Length of stay in days

Do you have any:

Allergies to eggs?	Y	N	Women: Are you pregnant?	Y	N
Allergies to nuts?	Y	N	Women: Are you breastfeeding?	Y	N
Allergies to antibiotics?	Y	N	Faint/lost consciousness with injections?	Y	N
Allergies to latex?	Y	N	History of depression or anxiety?	Y	N
Serious reaction to previous vaccine? What was it?	Y	N	Do you suffer from uncontrolled fits/seizures?	Y	N
Recently had radiotherapy / chemotherapy or steroids?	Y	N	Suppressed immune system (Lymphoma HIV / leukaemias, Hodgkin's disease, steroids)?	Y	N
Acute gastrointestinal illness (CI for oral typhoid vaccination)	Y	N			

If you have any positive findings it may mean you may not be able to receive the vaccination. Please offer more information if you have had a positive for one of the above. Please write any additional information that may be relevant

Have you ever had any of the following vaccinations/tablets. If so when? (if you have any documentation please bring to reception)

Tetanus	Y	Polio	Y
Hepatitis A	Y	Typhoid	Y
Hepatitis B	Y	Diphtheria	Y
Meningitis	Y	Yellow fever	Y
Influenza	Y	Rabies	Y
Jap B Encephalitis	Y	Other	Y
Malaria tablets	Y	Name:	

Do you have any recent or past history of note (diabetes, heart or lung conditions)

Are you taking any regular medication or treatment? (Include contraceptives)

Please visit <http://www.fitfortravel.nhs.uk/destinations.aspx> to check which immunisations you need. Please tick below which ones you believe you require:

	<i>Official use</i>			<i>Official use</i>	
Tetanus	Y	<input type="checkbox"/>	Polio	Y	<input type="checkbox"/>
Hepatitis A	Y	<input type="checkbox"/>	Typhoid	Y	<input type="checkbox"/>
Hepatitis B	Y	<input type="checkbox"/>	Diphtheria	Y	<input type="checkbox"/>
Meningitis	Y	<input type="checkbox"/>	Yellow fever	Y	<input type="checkbox"/>
Influenza	Y	<input type="checkbox"/>	Rabies	Y	<input type="checkbox"/>
Jap B Encephalitis	Y	<input type="checkbox"/>	Other	Y	<input type="checkbox"/>
Malaria tablets	for malaria use other form	<input type="checkbox"/>			

\*\*Please allow 3 working days after handling in the form before contacting the surgery for an appointment

### ***Important instructions***

- Please allow 3 working days after handling in the form before contacting the surgery for an appointment
- Fee: £15 per shot/per injection delivered by nurse *\*except for Typhoid, Hep A, Diphtheria, Tetanus, cholera (free)*
- £15 per prescription issued by the doctor (pharmacist will charge separately for the medication)  
*e.g. Malaria prescription £15. Hep B injection for travel 3 courses would cost £15 for prescription and further £45 per administration of the injection (i.e. £15 x 3 course injection over several months)*
- For Rabies and Jap B Encephalitis the practice does not offer these – please visit travel shops below

You should call to the surgery to collect and return the travel vaccination form preferably at least 6 weeks before your departure date. This is to ensure that the vaccinations have good time to take effect and we can process your appointments in good time.

Also due to lack of availability of some vaccinations, the surgery may offer you a prescription for the vaccination (oral or injection) to obtain from a local chemist and request you bring it to the surgery. Please ensure you have spoken to the pharmacists regarding its storage (in a refrigerator) before bringing it to the surgery.

If you are traveling in short notice, contact the surgery to see whether we can accommodate your request. However if the surgery is not able to then you can contact local travel clinics for your travel advice or vaccinations.

- *Boots, 137-139 High Rd, London N22 6BA*
- *Nomad Turnpike Lane, 3 Turnpike Lane, London N8 0PX*

*The practice does not offer yellow fever vaccinations please visit one of the above travel centers*

### ***Immunisations side effects***

Whilst immunisations rarely cause side effects sometimes patients experience some, examples of include

Common	Fatigue; fever; GI disturbances; headache; irritability; loss of appetite; lymphangitis; malaise; myalgia
Very rare	Anaphylaxis; angioedema; bronchospasm; hypersensitivity reactions; urticaria
Frequency not known	Arthralgia; asthenia; dizziness; drowsiness; flu-like symptoms; lymphadenopathy; paraesthesia; rash

With Injection	Induration at injection site; inflammation; local reactions; pain; redness; sterile abscess at injection site
Oral typhoid	Abdominal cramps; abdominal pain; diarrhoea; nausea; vomiting

### ***Patient declaration***

I have read the above information and confirm that I understand the common side effects and instructions stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signed by Parent/carer if requesting for malaria medication for child*